



State of Arizona Board of Chiropractic Examiners

1951 W. Camelback Road Suite 330 • Phoenix, Arizona 85015
Voice: (602) 864-5088 FAX (602) 864-5099
TTY (800) 367-8939 (AZ Relay Service)

List and Labels Request Form

Additional fees in accordance with A.A.C. R4-7-1301

Name / Attention: _____

Company Name: _____

Email: _____

Address: _____ City: _____ State: _____

ZIP CODE: _____ PHONE: _____ FAX: _____

- ☐ **Agenda** (Enclosed \$25.00) (1 YEAR SUBSCRIPTION)
- ☐ **Meeting Minutes** (Enclosed \$70.00) (1 YEAR SUBSCRIPTION)
- ☐ **Agenda & Meeting Minutes** (Enclosed \$95.00) (1 YEAR SUBSCRIPTION)

☐ **Active Professionals** (Enclosed \$40.00 Each) ☐ List ☐ Labels
Sorted by: ☐ Alpha ☐ Zip Code ☐ Other _____

☐ **Newly Licensed Professionals** (Enclosed \$40.00 Each) ☐ List ☐ Labels
Sorted by: ☐ Alpha ☐ Zip Code ☐ Other _____
Starting date: _____ to: _____

☐ **List of Disciplinary Actions** (Enclosed \$2.00) Starting date: _____ to: _____

☐ **Monthly Report of Disciplinary Actions** (Enclosed \$24.00) Sent by: ☐ Email ☐ Mail

☐ **CD of Board Meetings** (Enclosed \$5.00 each)(ONLY available after each meeting) Qty: _____

☐ **Arizona Laws & Rules Booklet** (Enclosed \$10.00 for each booklet) Qty: _____

Will the documents or lists you have requested be used for a commercial purpose? Yes or No (circle one)

If yes, what is the commercial purpose for which the documents or list will be used? _____

Please submit a copy of this form along with your payment.

Please make checks/money orders payable to the
ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

Thank you.

If you have any questions, please contact Lindsey Castro at (602) 864-5088.